

**Janice K. Brewer, Governor**  
**Thomas J. Betlach, Director**

801 East Jefferson, Phoenix, AZ 85034  
PO Box 25520, Phoenix, AZ 85002  
Phone: 602-417-4000  
www.azahcccs.gov



*Our first care is your health care*  
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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December 30, 2010

Cheryl Young  
Centers for Medicare and Medicaid Services  
75 Hawthorne St., 5th Floor  
San Francisco, California 94105

Dear Ms. Young:

Enclosed is State Plan Amendment (SPA) 10-014, effective October 1, 2010, which outlines the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS.

If you have any questions about the enclosed SPA, please contact Carol Chicharello at (602) 417-4610.

Sincerely,

A handwritten signature in black ink, appearing to read 'Monica Coury', is written over a faint, illegible printed name.

Monica Coury  
Assistant Director  
Office of Intergovernmental Relations

Cc: Jessica Schubel  
Theresa Gonzales



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

1.4 State Medical Care Advisory Committee (**42 CFR 431.12(b)**)

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

The State of Arizona seeks advice on a regular, ongoing basis from all of the federally-recognized tribes, Indian Health Service (IHS) Area Offices, tribal health programs operated under P.L. 93-638, and urban Indian health programs in Arizona regarding Medicaid and CHIP matters. These matters include but are not limited to State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals, and proposals for demonstration projects. The AHCCCS Tribal Consultation Policy, which is included in the AHCCCS Administrative Policies and Procedures and is posted on the AHCCCS website, serves as a guidance document that includes the process by which reasonable notice and opportunity for consultation should occur and scenarios in which AHCCCS shall engage in the consultative process.

The frequency of consultation is dependent on the frequency in which policy changes are proposed. When a proposed policy change requires consultation, the State will, to its best ability, provide notice of the tribal consultation meeting date as well as a description of

the proposed policy change to be discussed. The State will also provide an opportunity for written comments. Verbal comments presented at the meeting as well as written comments will be included in an attachment to accompany the submission of a State Plan Amendment, waiver proposal, waiver renewal, and proposal for demonstration project.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The consultation process for the development and submission of this State Plan Amendment occurred on February 23, 2010. The attachment submitted with this State Plan Amendment to CMS describes in more detail which parties were notified of the consultation meeting and given opportunity for comment, the meeting agenda, individuals that participated in the meeting, relevant materials that were discussed, and verbal comments received. It is important to note that this process was intended to be as inclusive as possible. The following entities were notified of the consultation process regarding this State Plan Amendment and provided an opportunity for comment within 30 days.

- Tribal Leaders
- Tribal Health Directors
- Directors of Indian Health Service Area Offices
- Directors of Tribal Health Programs Operated under P.L. 93-638
- Directors of Urban Indian Health Programs
- Director of Inter Tribal Council of Arizona, Inc.
- Director of the Advisory Council on Indian Health Care

A series of meetings with tribes as well as IHS, tribal health programs operated under P.L. 93-638, and urban Indian health programs (collectively referred to as "ITU") occurred prior to and after the consultation process to discuss this State Plan Amendment and will continue to occur in order to make appropriate revisions to the AHCCCS Tribal Consultation Policy, which serves as a document which guides how the State will consult with tribes and ITU.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1098**. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS-10293 (07/2013)

TN No. 10-014  
Supersedes  
TN No. 03-009

Approval Date: \_\_\_\_\_ Effective Date: October 1, 2010